

Redetermination, Re-enrollment, and Changes in Circumstances Video Transcript



2022
Assister Readiness
— Webinar Series —

This document is a transcript of the Marketplace Assister Technical Assistance Webinar.

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Disclaimer

Welcome to today's Assister Readiness Webinar Series training video. Let's get started.

This presentation is intended as training and technical assistance for Marketplace assisters, including Navigator grantees and certified application counselors. In this lesson, the terms "Federally-facilitated Marketplace," "FFM," and "individual market FFM" include FFMs where the state performs plan management functions and State-based Marketplaces using the federal platform.

This presentation is not a legal document.

- Each video module summarizes complex statutes and regulations and does not create any rights or obligations.
- Complete and current legal standards are contained in the applicable statutes and regulations.
- Members of the press should contact the CMS Media Relations Group at press@cms.hhs.gov.

The 2022 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This series is being delivered in two weekly installments to familiarize assisters with the online Marketplace application process ahead of the 2022 Open Enrollment Period.

Each weekly installment includes three pre-recorded educational modules and a LIVE webinar that recaps the week's topics, checks for understanding, and gives assisters a chance to ask questions.

Week 1 - Helping Consumers Apply at HealthCare.gov

- Preparing Consumers to Apply
- Creating and Submitting Applications
- Application Assistance Simulation
- LIVE Recap with CMS SME Q&A

Week 2 - Helping Consumers Enroll at HealthCare.gov

- Assisting Consumers with Enrollment
- Plan Comparison and Selection Simulation
- Redetermination, Re-enrollment, and changes in Circumstances
- LIVE Recap with CMS SME Q&A

Introduction

Hi. My name is Blair, and I'll be guiding you through today's training: Redetermination, Re-enrollment, and Changes in Circumstances.

Consumers who are enrolled in qualified health plans, or QHPs, may be eligible to re-enroll during the following plan year. In addition, changes in circumstances—like a move or a new job—may affect consumers' eligibility for certain QHPs or financial assistance through the FFMs. Let's review how you can help consumers in these scenarios. We will cover:

Re-enrollments and Changes in Circumstances

List considerations for consumers who need to re-enroll in coverage or report changes in circumstances.

Notice to Consumers

Describe the purpose of and information contained in a Notice to Consumers.

Redetermination

Describe how the FFMs make an annual redetermination of eligibility for qualified consumers.

Changing Advance Payment of the Premium Tax Credit (APTC) Amounts

Describe how consumers can change the amount of APTC they use during the coverage year.

Helping Consumers Renew QHP Coverage or Select a New QHP

Some consumers you help will already have experience with health coverage through an FFM and will need your help re-enrolling.

Assess consumers' needs by asking certain questions, like:

- Do you currently have a Marketplace plan?
- Do you use it?
- What was your experience like?
- What questions do you have about using your current plan?
- Was the plan sufficient for your needs? Why or why not?

Annual Redetermination of Eligibility for Health Coverage Through an FFM

Consumers who are already enrolled in a QHP through an individual market FFM generally don't need to complete a new application to be re-enrolled in coverage in the new year. However, it is strongly recommended that consumers update their Marketplace applications during the OEP to make sure their eligibility information is up to date—even if they believe they have no changes to report. You may also encourage consumers to check whether other plan options might be a better fit for their needs during Open Enrollment or following a change in circumstance.

Reporting Changes

Consumers are required to report any changes that may affect their eligibility for QHP coverage, APTC, and cost-sharing reductions (CSRs) within 30 days of the change.

Marketplace Open Enrollment Notice

Before each OEP, the Marketplace sends Marketplace Open Enrollment Notices, or MOENs, to consumers to remind them about important dates and encourage them to update their applications during Open Enrollment.

M – Marketplace

O – Open

E – Enrollment

N – Notice

You should tell consumers to review their notices and return to the FFM during Open Enrollment to make sure their information is accurate and up to date.

Consumers who wish to re-enroll in a plan should always check if it still meets their needs before re-enrolling.

Consumers will also get a notice from their insurance company summarizing their coverage for the upcoming coverage year.

These notices indicate whether consumers' current plan has changed or can be renewed. Issuers may also include an estimated APTC amount for the upcoming coverage year, but consumers can find the actual APTC amount on their eligibility notice. Otherwise, issuers must include this information in the next bill or in an ad-hoc notice.

Interpreting the Marketplace Open Enrollment Notice

The FFM sends a MOEN to all QHP enrollees unless they terminate their coverage and an FFM has a cancellation request on file. These notices inform consumers:

- Whether they are required to take any action
- Of upcoming OEP dates and other key dates for enrollment and coverage effectiveness
- What to do next depending on whether their plan options change or stay the same
- When to report changes in circumstances and what types of changes to report on a Marketplace application

The American Rescue Plan Act of 2021, or ARP, provided additional APTC and CSRs for certain consumers receiving unemployment compensation during 2021 that will not continue for the 2022 coverage year. These consumers may lose some or all of their APTC and may lose CSRs. In particular, those consumers who had household income below 100 percent of the federal poverty level (FPL) in states that did not expand Medicaid and received unemployment compensation in 2021 will no longer be eligible for APTC and CSRs in 2022 if their expected household income for 2022 remains below 100 percent of the FPL. The ARP qualified these households for APTC and CSR eligibility for 2021 only. The MOEN will include special messaging to alert consumers that they may lose financial help.

The ARP also made the premium tax credit available to consumers with household incomes above 400 percent of the FPL for the first time. If a consumer with household income above 400 percent of the FPL did not return to update their application and enrollment after April 1st to see if they qualify for APTC, the MOEN will include a special message for these consumers telling them to come back during Open Enrollment to see if they are eligible for APTC for 2022 coverage.

The MOEN also contains special messaging for enrollees with outstanding data matching issues (DMIs) and those at risk for losing all APTC in the new coverage year.

These at-risk enrollees include those who:

- Did not authorize an FFM to check IRS data for annual eligibility redeterminations, or
- Were auto-re-enrolled by the FFM for the past two coverage years and have no recent IRS data available.

The notice advises consumers to return to their application for updated eligibility results. If consumers do not update their application by December 15 of the current coverage year to obtain updated eligibility results, any APTC and CSRs they receive will end on December 31, and their existing QHP will be renewed for the following coverage year without APTC and CSRs, if it's available and can be renewed.

Some consumers may lose eligibility for APTC due to an expired household income DMI. In many cases, these consumers qualify for a Special Enrollment Period (SEP) after updating their household income. They may also receive a future (not retroactive) effective date of APTC if they are eligible.

Re-enrollment: Situations You May Encounter

Consumers in different situations may come to you with questions about the redetermination and re-enrollment process. Let's go over a couple of different scenarios so you know how to respond.

Scenario 1: Active Re-enrollment

If a consumer with existing QHP coverage updates her estimated annual household income on her Marketplace application during Open Enrollment and is determined QHP-eligible...

- She should compare available plans and select the plan that best meets her needs.
- The Marketplace will re-determine the amount of APTC and CSRs she is eligible to receive during the upcoming year based on her attested annual household income, plus her family size, updated federal poverty guidelines, and benchmark plan information.

Scenario 2: Auto-Re-enrollment

If a consumer with existing QHP coverage does not contact the Marketplace to update her application information and receive updated eligibility results during Open Enrollment...

The Marketplace may use the most recent income information available to determine the amount of APTC and CSRs she will receive during the upcoming year. For example, the Marketplace may consider the consumer's verified income and family size from her most recent application along with updated federal poverty guidelines and benchmark plan information.

Profile Updates

Consumers often ask how reporting changes to an FFM might affect their eligibility. Profile updates do not affect consumers' eligibility. Consumers can update their Marketplace profile by logging into their Marketplace account and selecting **My Profile**. This will open their profile information and allow them to edit it.

Profile updates include things like:

- Updating an email address,
- Changing a password,
- Changing security questions, and
- Changing a phone number.

Consumers can update their Marketplace profile by logging into their Marketplace account and selecting **My Profile**. This will open their profile information and allow them to edit it.

Application Changes

Updating basic Marketplace account profile information is different from updating application data. If consumers change their application data, the changes could affect their eligibility for health coverage as well as their eligibility for financial assistance.

When consumers change or update their application information, the Marketplace verifies the new information and re-determines each applicant's eligibility. A change could mean that consumers qualify for different health coverage or for a different amount or type of financial assistance.

Changes that could affect consumers' eligibility

For QHP Coverage:

- New address or state of residence
- Change of citizenship or immigration status
- Incarceration or release from incarceration

For APTC and CSRs:

- A change in household income
- Loss of a job that results in loss of health coverage or changes in household income
- A new job that offers health coverage or doesn't offer any health coverage
- Birth of a child
- Marriage or divorce
- Changes in tax filing status and who is included in the tax return as a tax filer or dependent
- Change in status as an American Indian or Alaska Native (AI/AN) or tribal member
- Eligibility for or enrollment in Medicaid or Children's Health Insurance Program (CHIP) coverage

For example, consumers receiving APTC and CSRs who experience a decrease in household income or an increase in household size may be eligible to receive additional help paying their QHP premiums or out-of-pocket costs or become newly eligible for Medicaid or CHIP. Consumers receiving APTC who experience an increase in household income or a decrease in family size may be eligible for a lower amount of APTC and CSRs. Consumers are required to report changes in circumstances to the FFM within 30 days of the change. Consumers who report changes on time can receive the maximum benefits they are eligible for and can avoid needing to pay back excess APTC at tax filing.

For help estimating annual income, consumers can use the [Income Calculator Tool](#) at HealthCare.gov. There is a link to this tool in the income section of the application.

Changes in Circumstances and Special Enrollment Periods.

Reporting changes to the Marketplace may allow consumers to newly enroll in or change QHPs during an SEP.

SEPs typically give consumers 60 days from the date of a qualifying event to select a plan and provide an opportunity for consumers to enroll in coverage outside of the OEP.

Qualifying events that provide consumers an SEP during which they can enroll in or change QHPs include but are not limited to:

- Loss of qualifying health coverage
- Newly gaining or becoming a dependent (e.g., birth of a child)
- Marriage
- A change in primary place of residence
- Becoming newly eligible for Marketplace coverage due to a change in immigration status
- Leaving incarceration
- Becoming newly eligible or ineligible for APTC or experiencing a change in eligibility for CSRs
- Gaining or maintaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
- Gaining access to an Individual Coverage Health Reimbursement Arrangement (HRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)
- Cessation of employer contributions to or government subsidies for COBRA continuation coverage premiums)

If consumers qualify for certain common SEPs and they are newly enrolling in Marketplace coverage, they may be required to submit supporting documents to an FFM to confirm their eligibility. Consumers can select a QHP at this point; however, the FFMs must review consumers' documents and confirm their SEP eligibility before transferring their information to QHP issuers for processing. In addition, consumers who are currently enrolled and want to change to a different QHP during certain SEP types may have limited QHP options. For example, a consumer may be able to select a new plan, but that plan may need to be within the same health plan category (that is, Catastrophic, Bronze, Silver, Gold, or Platinum) as the consumer's current QHP coverage.

SEPs that require consumers to submit supporting documents

- Gaining or becoming a dependent through adoption, placement for adoption, placement for foster care, or child support or other court order
- Change in primary place of living – most consumers will also need to submit supporting documents to show that they had qualifying health coverage for at least one day during the 60 days before their move
- Loss of qualifying health coverage, including (but not limited to) loss of coverage due to a divorce, legal separation, or death of a spouse
- Marriage – most consumers will also need to submit supporting documents to show that at least one spouse had qualifying health coverage for at least one day during the 60 days before the event
- Certain Medicaid or CHIP denials

For all other SEP types, including birth, consumers do not need to submit documents before they can start using their new coverage.

Consumers generally have 60 days from the date of their qualifying event to request an SEP and confirm their new plan selection.

For detailed information about SEPs, visit [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period).

For information on how to submit supporting documents, visit [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/](https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/)

If consumers do not qualify for an SEP and the annual OEP for the current coverage year has already passed, they generally must wait for the next OEP to enroll in or change QHPs.

Changes in Circumstances and Special Enrollment Periods

Effective dates of coverage for SEPs generally depend on the type of SEP.

For example:

- Beginning January 2022, for many SEPs, like loss of qualifying coverage, marriage, and change in primary place of living, coverage starts the first of the month after plan selection.
- For consumers who will lose coverage in the future, coverage starts the first of the month after their existing coverage ends and they pick a new plan.
- Other SEPs, including certain SEPs resulting from life changes like newly gaining or becoming a dependent, have an effective date of coverage retroactive to the date of the qualifying event. Consumers who do not want a retroactive effective date of coverage can call the FFM Call Center to request their coverage take effect on the first day of the month following the date of plan selection or based on normal coverage effective dates.

Here are some key tips you should remember when assisting consumers who experience changes in circumstances.

- Consumers can apply for Medicaid and CHIP at any time and aren't confined to the OEP or an SEP.

- If consumers' coverage is terminated because they didn't pay their premiums, this loss of coverage does NOT qualify them for an SEP.
- Consumers with certain exceptional circumstances may qualify for an SEP that allows them to start coverage on a retroactive date. For example, individuals affected by an emergency or major disaster may be able to start coverage retroactively if, because of the emergency or disaster, they were unable to enroll during the OEP or an SEP for which they were qualified.

SEP Screener Tool

Many consumers may not realize they may be eligible for an SEP. You can help consumers access the SEP Screener Tool at HealthCare.gov to determine whether they are eligible for an SEP before they make changes to their application.

In a previous training module, we helped Lori and John Gomez enroll in a QHP. Last month, Lori and John welcomed a new baby into their family. Lori wants to add this new family member to their Marketplace plan and needs help determining whether they qualify for an SEP.

Lori should enter her ZIP code in the SEP Screener Tool, select the **See if you qualify for a Special Enrollment Period** radio button, and select **Continue**.

Remember, Lori, the SEP Screener Tool isn't an application for health coverage. The SEP Screener Tool will quickly tell you whether you qualify for an SEP, Medicaid, or CHIP. You should review this information and then select **Continue**.

You'll need to answer a few screening questions about your household to determine whether you have a qualifying event for an SEP. Lori, select **Yes** to indicate that you and John had a baby. Then you'll select **No** when answering the rest of the questions since you don't have any of these other life changes to report.

Lori, it looks like you may qualify for an SEP. Select **Start or Update an Application** to log into your Marketplace account and report a change in circumstance.

Report a Life Change

Now that you have logged into your account, navigate to the **My Applications & Coverage** screen and select your most recent application under the **Your existing applications** section.

Select the **Report a life change** option from the menu on the left. After you review the **What kind of changes should I report?** section, we'll follow a few steps to report your life change.

Type of Life Change

Here you should select **Report a change in my household's income, size, address, or other information** and proceed to the application.

Add a Person

Next, select the box next to each attestation and select **Take me to the application**.

Review Your Information

Lori, reporting a life change means you will need to review your entire application and make changes to add a new member to your household.

Select **Continue** to update and review your application.

Add a Person

On this page, you'll select **Add a person who needs coverage** and add your newborn's information on the following screen. The middle name and suffix are optional. However, keep in mind that providing this information is a best practice to make sure your application is accurate and complete. You will also need to add how you and John are related to the newborn. Select **Child (including adopted children)** from the drop-down list.

Updating Family and Household Section

You should provide any additional information as needed and add your electronic signature to attest that the information is accurate and complete.

Congratulations! Now you've successfully added your newborn daughter to your Marketplace application.

Termination of Coverage

Consumers can terminate their QHP coverage through an FFM at any time. They don't need to wait for the OEP or an SEP. In most cases, enrollee-initiated terminations are effective on the date consumers request the termination or on another prospective date consumers select. You should let consumers know that terminating coverage may end coverage through their QHP and dental plans. Common reasons for terminating coverage include becoming eligible for other qualifying minimum essential coverage, such as Medicare, Medicaid, CHIP, or job-based coverage.

Consumers who want to terminate coverage for everyone should log into their Marketplace account, navigate to "My Plans and Programs," and select **End (Terminate) All Coverage**.

Consumers who only want to terminate coverage for some people on an application should call the Marketplace Call Center **BEFORE** they update their existing application to make sure coverage ends on the right date.

For detailed instructions, visit: [HealthCare.gov/how-to-cancel-a-marketplace-plan/](https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/).

Assisting Consumers Who Want to Switch to a Different QHP

Consumers can also switch from one QHP to another during Open Enrollment or certain SEPs, depending on the qualifying event. However, some SEPs limit plan choices. Consumers who qualify for an SEP and want to switch their QHP may only have a select number of plans to choose from based on their SEP type.

To switch to another QHP, consumers must terminate their current enrollment and then enroll into a different plan at HealthCare.gov. Here are the steps consumers can take to terminate QHP coverage in

an FFM: Log into their Marketplace account, go to **My Plans & programs**, and select the **Change Plan** button. In “Plan Compare,” select and confirm a new QHP and dental plan, if desired. If consumers select a new plan after terminating their previously selected coverage, their health coverage may have a later start date than it would have had under their initial plan selection.

Reporting Changes in Household Income and Other Eligibility Factors

What if consumers want to change the amount of APTC they use during the coverage year?

Consumers may make these changes throughout the year, including during Open Enrollment.

If consumers decide to increase the amount of APTC they are applying to their monthly premiums – up to the maximum amount they’ve been determined eligible for – be sure to let them know that they or the taxpayer who claims them as a dependent may owe any excess APTC amount they apply if their federal income tax return shows that they earned more money than they estimated on their Marketplace application.

For Plan Year 2020 only, under the ARP, repayment of excess APTC for the 2020 tax year is not required.

You should also remind consumers about the importance of reporting changes in income and other eligibility factors to the FFMs as soon as possible, but no more than 30 days after the change.

These changes may affect their eligibility for enrollment in QHPs in an FFM and for APTC and CSRs.

The FFMs automatically update consumers’ eligibility for enrollment in QHP coverage, APTC, and CSRs when they report a change.

Reporting changes in household income and other eligibility factors:

Consumers who receive APTC and:

- Have a decrease in household income or increase in family size
 - May be eligible to receive greater APTC and CSR amounts.
 - May become eligible for Medicaid or CHIP.
- Expect to have an increase in their household income or decrease in family size
 - May want to lower the amount of APTC applied to their premium cost to avoid a tax liability when they or a taxpayer who claims them as a dependent file their federal income tax return in the following year.
- Have someone on their application who gains an offer of coverage from an employer or newly gains access to help with the cost of coverage from their employer, through either an Individual Coverage HRA or a QSEHRA
 - May be eligible for less APTC and may want to lower the amount of APTC applied to their premium cost.
 - May no longer be eligible for APTC or CSR.

For more information on ICHRAs and QSEHRA, visit [HealthCare.gov/job-based-help/#/ichra](https://www.healthcare.gov/job-based-help/#/ichra) and [HealthCare.gov/job-based-help/#/qsehra](https://www.healthcare.gov/job-based-help/#/qsehra).

You can assist consumers who wish to change the amount of APTC they receive by helping them log into their Marketplace account at HealthCare.gov and report a life change, get updated eligibility results, decide how much APTC they'd like to apply to their chosen plan, and compare plan premiums.

If consumers wish to change the amount of APTC they receive, help them:

- Log into their Marketplace account at HealthCare.gov and report a life change,
- Get updated eligibility results,
- Decide how much APTC they'd like to apply to their chosen plan, and
- Compare plan premiums.

Consumers should also review how changing the amount of APTC will affect their premiums. You should help consumers make informed decisions about the amount of APTC they want to use in advance.

Some consumers may want to take their full monthly amount because they'd like to pay less in monthly premiums rather than getting a tax credit when they file their taxes. Other consumers may want to take less than the full amount because they expect to make more money in the coming year and don't want to have to pay back any excess APTC they received.

You can remind consumers that if they don't use the entire amount of APTC that they're eligible for, they may get a tax credit when they file their federal income tax return.

Changes to How Consumers Receive Advance Payments of Premium Tax Credit

Remember, consumers who are eligible for APTC when they re-enroll in a QHP may wish to receive it as one annual payment when they file their federal income tax returns rather than applying APTC to lower their monthly costs.

Key Points

Key points to remember are:

During Open Enrollment, existing enrollees should return to the FFMs, make sure their information is up to date, allow the FFMs to check updated tax data, get updated eligibility results, and shop for a QHP for the upcoming coverage year.

Consumers may seek your help with enrollment, re-enrollment, or changes to their enrollment.

You should be prepared to help consumers who are no longer eligible for financial assistance or enrollment in a QHP by providing them with basic information and resources they can use to learn about other coverage options.

Consumers may seek your help with annual re-enrollment, important updates they need to make to their application during Open Enrollment or throughout the year, or other changes they want to make, such as reporting a change in circumstance or setting and changing the amount of APTC they use during a coverage year.

Conclusion

Congratulations on completing the *Redetermination, Re-enrollment, and Changes in Circumstances* module of the Assister Readiness Webinar Series!

This completes the pre-recorded content for Week 2: Helping Consumers Enroll in Coverage.

Feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

Visit:

Assister Readiness Webinar Series Resources

For topical questions about this presentation:

Navigators please contact your Project Officer directly

CACs can email the CAC Inbox at CACquestions@cms.hhs.gov

Training materials for Navigators and other assisters:

<https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

Assister webinars:

<https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>

We will host a LIVE webinar to recap the content presented in this week's modules and answer your questions. Check your email for information on the day and time of the event.

We hope you will join us then!